



INFANT

Screening and Medical Justification for Formulas for Medical Conditions (FMC)

DEAR HEALTH CARE PROVIDER: The WIC Program provides a **choice of five** infant formulas from Ross: **Similac Advance, Similac with Iron, Isomil with Iron, Isomil Advance, and Similac Lactose Free Advance.** If your patient does not tolerate one of these formulas, **please complete the bottom section of this form.** If you have questions, refer to the policy on the back, or call the agency below.

WIC agency: _____ Phone: _____

INFANT'S NAME: _____ Date of birth: _____

Parent's/Guardian's name: _____ Family ID number: _____

WIC DIETITIAN (RD) COMPLETES THIS SECTION. *(Select relevant questions.)*

FORMULA/FEEDING HISTORY

Please specify:

	Age	Duration	Reactions
Breast milk: _____	_____	_____	_____
Cow's milk-based: _____	_____	_____	_____
Soy-based: _____	_____	_____	_____
Other: _____	_____	_____	_____

FORMULA PREPARATION, FEEDING, AND STORAGE *(Questions for participant)*

How do you mix formula? _____

How do you store formula? _____

What do you do with leftover formula? _____

How much formula are you feeding your infant? _____

How do you hold your infant during feeding? _____

How often do you burp your infant? _____

What new foods have you recently introduced? _____

HEALTH HISTORY AS REPORTED BY PARTICIPANT

☐ Term infant ☐ Preterm infant (gestation: _____)

(Check all that apply and specify)

☐ Strong family history of allergy to cow's milk? ☐ Soy ☐ Other: _____

☐ Infant has been sick, had a fever, or medical condition? _____

☐ Infant has been taking medication? _____

☐ GI symptoms: _____ ☐ Skin rashes: _____ ☐ Respiratory symptoms: _____ ☐ Dev. delay: _____

☐ Changes in health/growth: _____

WIC RD COMPLETES THIS SECTION.

SCREENING AND RECOMMENDATIONS

☐ Screening reveals no apparent intolerance or health condition contraindicating a WIC contract formula.

☐ A formula for a medical condition appears to be needed. *Specify:* _____

☐ A problem with improper mixing, feeding, or storage is noted. ☐ Yes ☐ No Parent/guardian educated

☐ Recommended referral: ☐ Medical Nutrition Therapy (MNT) ☐ Specialist *(specify):* _____

☐ Comments: _____

RD signature: _____ Date: _____

HEALTH CARE PROVIDER COMPLETES THIS SECTION.

Prescription renewal is needed every 3 months.

Medical diagnosis: _____

Recommended formula: _____ MD/Provider *(Please sign or stamp.):* _____

Recommended duration: ☐ 1 month ☐ 2 months ☐ 3 months _____

Feeding instructions *(specify amount, if needed):* _____

**WIC will ask for a reintroduction of contract formula to
promote normal nutrition and development.**

Date: _____

Phone: _____

Thank you for your cooperation—the California WIC Program.

Formulas for Medical Conditions (FMC) are not mandated by Federal WIC regulations. The CA WIC Program provides FMC based on available funding and secondary to payment by a health care plan.

WIC POLICY REFERENCE

Policy	<p>Local agency staff shall review requests for Formulas for Medical Conditions (FMC) according to the following guidelines set forth by the State WIC Branch. The State WIC Program retains the authority to determine which formulas are available to participants. FMC are not mandated by Federal WIC regulations. The State WIC Program provides FMC based on available funding and secondary to payment by a health care plan.</p> <p>Authorization for coverage of FMC by WIC shall be for intervals of one to three months, and may be renewed when prescribed by a health care provider.</p> <p>Mothers who feed both breast milk and formula shall be encouraged and supported to return to exclusive breastfeeding, unless medically contraindicated.</p>
Definitions	<p>Contract formula is milk- or soy-based infant formula intended for normal infants and is designated in the manufacturer's contract with the State WIC Program. Two types of contract formula are available on food instruments:</p> <ul style="list-style-type: none">• Standard: Formula for normal term infants.• Specialized: Formula that is slightly altered from standard milk-based formula, but is used for normal term infants, such as lactose-free formula. <p>Formulas for Medical Conditions (FMC) are specially formulated and prescribed for infants, children, and women who experience intolerance to milk and soy products, and/or who have a medical or dietary problem that necessitates the use of an altered product to meet nutritional needs. FMC are not included in the manufacturer's contract with the State WIC Program.</p>
Health Care Provider's Prescription	<p>Health care providers with prescriptive authority, including the physician, nurse practitioner, physician assistant, osteopath, and other medical practice specialists, such as a pediatric gastroenterologist, may prescribe FMC.</p> <p>The prescription may be on:</p> <ul style="list-style-type: none">• Office letterhead,• A prescription pad,• The WIC pediatric referral form, or• The "Screening and Medical Justification for Formulas for Medical Conditions (FMC)" forms (DHS 4143/4144).* <p>* NOTE: This form is highly recommended because it enhances communication between the provider and WIC.</p> <p>The prescription from the provider must include the following:</p> <ul style="list-style-type: none">• Medical diagnosis that warrants the issuance of FMC,• Recommend formula that is medically justified for the treatment of the stated diagnosis,• Feeding instructions which include recommended duration, amount, and mixing (when altered for a higher calorie formula), and• Signature and date of request.
Approval Guidelines for Formulas for Medical Conditions	<p>Approval for Formulas for Medical Conditions require:</p> <ul style="list-style-type: none">• Screening and completion of the "Screening and Medical Justification for Formulas for Medical Conditions (FMC)" forms (DHS 4143/4144),• A prescription from a health care provider, which indicates an infant, child, or woman cannot tolerate the contract formula and FMC is needed, and• Determination by the RD that the formula is ineligible for third party payment. This may require clarification of the participant's health plan coverage of FMCs that is based on a medical condition. The "Formula for Medical Conditions (FMC) Request" form (DHS 4150) shall be used to document health plan coverage and for requesting FMC from the State WIC Program. (Refer to the WIC Program Manual Appendix, 1000–50 for ordering procedures.) The local agency RD must confirm and document in ISIS that the participant is not eligible for, or has been denied coverage for FMC from the following relevant payers:<ul style="list-style-type: none">✦ Medi-Cal program and/or Medi-Cal Managed Care Plan (when a documented share-of-cost is higher than the cost of the formula requested, WIC will provide the formula);✦ Private insurance (when private insurance does not provide coverage for the formula, the participant shall be asked to apply for Medi-Cal);✦ California Children's Services (CCS) program; or✦ Regional Center (when a participant does not have Medi-Cal, a Regional Center may cover the formula or the social worker may assist the participant with applying for third party coverage). <p>NOTE: Local agency staff may accept a verbal denial from the third party payer, but should receive and file a hard copy of the denial within one month.</p> <p>EXCEPTION: If a participant is in the process of applying for any of the above, the RD may issue the FMC, upon completing the approval process, for a duration of one month pending the results of the application process.</p>